

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Armin Gerhard Aberle, Per Ingemar Widenborg,  
Natapol Chuangsuwanich

Date:

June 12, 2006

Serial No.: 10/553,030

Filed: October 7, 2005

Attorney Ref.

SFC 302

For: GLASS TEXTURING

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS**

In response to the Notification of Missing Requirements (copy enclosed) dated May 22, 2005, applicants are submitting herewith the executed Declaration of Armin Gerhard Aberle, Per Ingemar Widenborg and Natapol Chuangsuwanich.

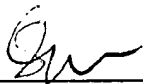
Enclosed is a check for \$130.00 covering the surcharge fee. Please charge any additional fees or credit any overpayment to Deposit Account No. 11-1540. A duplicate of this document is enclosed.

Applicants also take this opportunity to submit an executed Power of Attorney, Power of Attorney and Correspondence Address Indication Form, and Statement under 37 CFR 3.73(b). The Power of Attorney document has been executed by the Assignee of the above-identified application, by virtue of the enclosed Statement under 37 CFR 3.73(b) and inventors' Assignment. A copy of the assignment is enclosed.

Applicants believe that the application is now in condition for examination, and respectfully requests consideration of the pending claims. If the Examiner has any questions, or if a telephone interview would in any way advance prosecution of the application, please contact the undersigned agent of record.

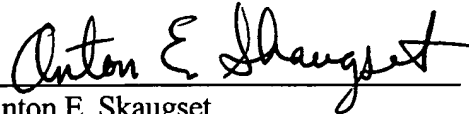
**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313 on June 12, 2006.



Suzanne Lukas-Werner

Respectfully submitted,  
KOLISCH HARTWELL, P.C.



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UNITED STATES PATENT AND TRADEMARK OFFICE

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U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/553,030	Armin Gerhard Aberle	SFC 302

INTERNATIONAL APPLICATION NO.
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PCT/AU04/00339

I.A. FILING DATE	PRIORITY DATE
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03/19/2004

04/07/2003

23581  
KOLISCH HARTWELL, P.C.  
200 PACIFIC BUILDING  
520 SW YAMHILL STREET  
PORTLAND, OR 97204

RECEIVED

MAY 26 2006

KOLISCH HARTWELL, PC

CONFIRMATION NO. 6758

371 FORMALITIES LETTER



\*OC000000018894225\*

Deadline of November 22 2006

Date Mailed: 05/22/2006

Reply to Notification of missing requirements due - July 22 2006

### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 10/07/2005
- Copy of the International Search Report filed on 10/07/2005
- Copy of IPE Report filed on 10/07/2005
- Copy of Annexes to the IPER filed on 10/07/2005
- Preliminary Amendments filed on 10/07/2005
- Information Disclosure Statements filed on 10/07/2005
- U.S. Basic National Fees filed on 10/07/2005
- Priority Documents filed on 10/07/2005

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

A copy of this notice **MUST** be returned with the response.

By 3/31/06 **RECEIVED**

KAREN M WILLIAMS

Telephone: (703) 308-9140 EXT 213

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/553,030	PCT/AU04/00339	SFC 302


FORM PCT/DO/EO/905 (371 Formalities Notice)

1AP7 Rec'd PCT/PTO 15 JUN 2006 PCT \$

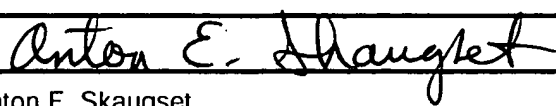
PTO/SB/21 (09-04)


Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Application Number	10/553,030
	Filing Date	October 7, 2005
	First Named Inventor	Armin Gerhard Aberle
	Art Unit	Not yet assigned
	Examiner Name	Not yet assigned
Total Number of Pages in This Submission		14
Attorney Docket Number		SFC 302

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Copies of Notice to File Missing Parts, Declaration, Power of Attorney, Power of Attorney and Correspondence Address Indication Form, Statement under 37 CFR 3.73(b), Assignment, return receipt postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Kolisch Hartwell, P.C.		
Signature			
Printed name	Anton E. Skaugset		
Date	June 12, 2006	Reg. No.	38,617

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Suzanne Lukas-Werner	Date	June 12, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 130.00**Complete if Known**

Application Number	10/553,030
Filing Date	October 5, 2006
First Named Inventor	Armin Gerhard Aberle
Examiner Name	Not yet assigned
Art Unit	Not yet assigned
Attorney Docket No.	SFC 302

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 11-1540 Deposit Account Name: Kolisch Hartwell, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____ x _____ = _____						
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 3 or HP = _____ x _____ = _____						
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Late Declaration surcharge

06/21/2006 GFREY1 00000122 10553030

01 FC:1617

13430.00

**SUBMITTED BY**

Signature	<i>Anton E. Skaugset</i>	Registration No. (Attorney/Agent) 38,617	Telephone (503) 224-6655
Name (Print/Type)	Anton E. Skaugset		Date June 12, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.